

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

RECEIVED
JUL - 5 1995

2. Name of Operator
MERIDIAN OIL

OIL CON. DIV.
DIST. 3

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
940' FNL, 920' FWL, Sec. 23, T-27-N, R-4-W, NMPM

5. Lease Number
SF-080672
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name
San Juan 27-4 Unit
8. Well Name & Number
San Juan 27-4 U #32
9. API Well No.
30-039-23031
10. Field and Pool
Blanco Mesaverde
11. County and State
Rio Arriba Co, NM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other - Pay add	

13. Describe Proposed or Completed Operations

It is intended to add additional pay in the Cliff House and Menefee formations as follows:

Set retrievable bridge plug. Perforate and frac Menefee. Set retrievable bridge plug above Menefee. Perforate and frac Cliff House. Clean out all intervals and test potential. Return well to production.

14. I hereby certify that the foregoing is true and correct.

Signed [Signature] (LL9) Title Regulatory Affairs Date 6/20/95

(This space for Federal or State Office use)

APPROVED BY _____ Title _____

Date **APPROVED**

CONDITION OF APPROVAL, if any:

JUN 23 1995

[Signature]
DISTRICT MANAGER

NMOCD